# C:\Users\Public\Pictures\Sample Pictures\Picture1.png

# APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

*This form shall be completed and signed by every applicant for background screening purposes.*

I hereby authorize the Florida Department of Law Enforcement (FDLE) to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment.

I understand the following:

* My fingerprints may be retained at FDLE and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent arrests.
* FDLE will use local, state, and national law enforcement databases to conduct the criminal justice employment check.
* Upon request, FDLE may provide a copy of my criminal history record to me.
* A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
* I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
* I may obtain a prompt determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_